

each,
must be made for each, and the number,
in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180
County Registrar No. _____
Local Registrar No. 184

or Globe
City of _____ No. Ring Canyon
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elisa Hernandez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. No., in order of birth. yes 6. Legitimate? yes 7. Date of birth Aug. 17, 1926
Month day year

8. FATHER
Full name Francisco Hernandez
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 27 (Years)

14. MOTHER
Full maiden name Emigreta Valencia
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mexico
(State or country)
13. Occupation miner
Nature of industry

18. Birthplace (city or place) Mexico
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living three (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:50 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from supplemental report _____
Signature T. C. Harper, M.D.
(Physician or midwife)
Address Globe, Arizona
Filed 8-31 1926 Local Registrar St. Horst
Month, day, year. Registrar. County Registrar.

589-817-551